



RECEIPT  
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Riazi, 3-11-3

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**Applicant:** Riazi et al.  
**Case:** 3-11-3  
**Serial No.:** 09/398,502  
**Filing Date:** September 17, 1999  
**Title:** Method and Apparatus For Performing Differential Modulation Over Frequency In  
An Orthogonal Frequency Division Multiplexing (OFDM) Communication System

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REQUEST FOR CORRECTED FILING RECEIPT

Assistant Commissioner for Patents  
Office of Initial Patent Examination  
Customer Service Center  
WASHINGTON, D.C. 20231

Sir:

Please issue a corrected filing receipt correcting the title by changing the word "Defferential" to "Differential" and the word "Orthoganal" to "Orthogonal." A marked-up copy of the filing receipt and a copy of our transmittal letter are enclosed.

Respectfully submitted,

*Kevin M. Mason*

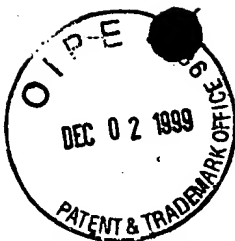
Date: November 30, 1999

Kevin M. Mason  
Reg. No. 36,597  
Attorney for Applicant(s)

Ryan & Mason, L.L.P.  
90 Forest Avenue  
Locust Valley, New York 11560  
(516)759-7517

KMM/lms

FILING RECEIPT  
CORRECTED



UNITED STATES DEPARTMENT OF COMMERCE  
Patent and Trademark Office  
ASSISTANT SECRETARY AND COMMISSIONER  
OF PATENTS AND TRADEMARKS  
Washington, D.C. 20231

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTORNEY DOCKET NO.	DRWGS	TOT CL	IND CL
09/398,502	09/17/99	2711	\$1,004.00	3-11-3	4	22	4

KEVIN M MASON  
RYAN & MASON LLP  
90 FOREST AVENUE  
LOCUST VALLEY NY 11560

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this filing receipt with the changes noted thereon. If you received a "Notice to File Missing Parts of Application" ("Missing Parts Notice") in this application, please submit any corrections to this Filing Receipt with your reply to the "Missing Parts Notice." When the PTO processes the reply to the "Missing Parts Notice," the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s) HABIB RIAZI, STAFFORD, VA; ZULFIQUAR SAYEED,  
EAST WINDSOR, NJ; DUNMIN ZHENG, VIENNA, VA.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 10/07/99

TITLE

METHOD AND APPARATUS FOR PERFORMING <sup>DIFFERENTIAL</sup> ~~DEFFERENTIAL~~ MODULATION  
OVER FREQUENCY IN AN ~~ORTHOGANAL~~ FREQUENCY DIVISION MULTIPLEXING  
(OFDM) COMMUNICATION SYSTEM

PRELIMINARY CLASS: 348

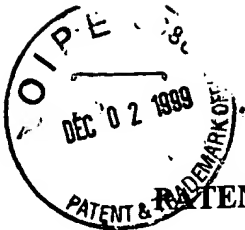
ORTHOGONAL

DATA ENTRY BY: NIMMONS, EVELYN

TEAM: 02 DATE: 11/02/99



(See reverse for new important information)



IN THE UNITED STATES  
PATENT AND TRADEMARK OFFICE

PATENT APPLICATION

INVENTOR(S) Habib Riazi, Zulfiqar Sayeed,  
Dunmin Zheng

CASE 3-11-3

TITLE Method And Apparatus For Performing Differential Modulation Over  
Frequency In An Orthogonal Frequency Division Multiplexing (OFDM)  
Communication System

"Express Mail" Label No. : EJ477248228US

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated below and is addressed to: Commissioner of Patents and Trademarks, Washington, D.C. 20231

Date of Deposit: September 17, 1999

Signature: Kevin M. Mason

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ASSISTANT COMMISSIONER FOR PATENTS  
WASHINGTON, D.C. 20231

SIR:

Enclosed are the following papers relating to the above-named application for patent:

Specification  
4 Sheets of informal drawing(s)

CLAIMS AS FILED				
	NO. FILED	NO. EXTRA	RATE	CALCULATIONS
Total Claims	22-20 =	2	X \$18 =	\$36
Independent Claims	4- 3 =	1	X \$78 =	\$78
Multiple Dependent Claim(s), if applicable			\$260 =	\$0
Basic Fee				\$760
			TOTAL FEE:	\$874

Please file the application and charge **Lucent Technologies Deposit Account No. 12-2325** the amount of **\$874.00**, to cover the filing fee. *Duplicate copies of this letter are enclosed.* In the event of non-payment or improper payment of a required fee, the Commissioner is authorized to charge or to credit **Deposit Account No. 12-2325** as required to correct the error.

Please address all correspondence to: Kevin M. Mason, Ryan & Mason, L.L.P., 90 Forest Avenue, Locust Valley, New York 11560. Telephone calls should be made to the under-signed attorney at (203) 255-6560.

Respectfully,

Kevin M. Mason

Date: September 17, 1999

Kevin M. Mason  
Reg. No. 36,597  
Attorney for Applicant(s)

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Locust Valley, New York 11560

# FILE COPY

SERIAL NUMBER 09/398,502	FILING DATE 09/17/99	CLASS 348	GROUP ART UNIT 2711	ATTORNEY DOCKET NO. 3-11-3
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APPLICANT

HABIB RIAZI, STAFFORD, VA; ZULFIQUAR SAYEED, EAST WINDSOR, NJ; DUNMIN ZHENG, VIENNA, VA.

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\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 10/07/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY VA	SHEETS DRAWING 4	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 4
Verified and Acknowledged Examiner's Initials _____ Initials _____					

ADDRESS  
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RYAN & MASON LLP  
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LOCUST VALLEY NY 11560

TITLE  
METHOD AND APPARATUS FOR PERFORMING DIFFERENTIAL MODULATION  
OVER FREQUENCY IN AN ORTHOGONAL FREQUENCY DIVISION MULTIPLEXING  
(OFDM) COMMUNICATION SYSTEM

FILING FEE RECEIVED  \$1,004	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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